

Technical Exhibit C-5.3.2.3.a
“Former Spouses’ Protection Act (FSPA) Certification Letter”

U.S. Department
of Transportation

United States
Coast Guard



COMMANDING OFFICER
USCG HUMAN RESOURCES
SERVICE & INFORMATION CENTER

444 SE QUINCY ST
TOPEKA KS 66683-3591
Staff Symbol: (RAS)
Phone: 1 800 772-8724
Fax: (785) 339-3770

7200

FSPA CERTIFICATION

We are required to annually review your eligibility to receive direct payments under provisions of the Uniformed Services Former Spouses' Protection Act (FSPA). As a FSPA recipient you must annually certify your continued eligibility and advise us of any changed circumstances.

Please complete the reverse side and return it to:

COMMANDING OFFICER (RAS)
COAST GUARD HUMAN RESOURCES
SERVICE & INFORMATION CENTER
444 SE QUINCY
TOPEKA KS 66683-3591

Everyone must complete Sections A, B and E. If you receive any or all of your payment for alimony, you must also complete part C. Also, if you receive any or all of your payment for child support complete part D.

Your failure to return this certificate within 30 days will result in suspension or termination of your FSPA payments.

Sincerely,

Military Pay Supervisor
U.S. Coast Guard
By direction of the Commanding Officer

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Revised 7/9/2002

ANNUAL CERTIFICATION FOR CONTINUED ELIGIBILITY
FOR DIRECT PAYMENTS UNDER THE UNIFORMED
SERVICES FORMER SPOUSES' PROTECTION ACT (FSPA)

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10 U.S.C., Section 1408; Part 63, 32 C.F.R.
PRINCIPAL PURPOSE: Determine an applicant's continued eligibility for former spouse payments from retired pay. The purpose of soliciting the Social Security Number is for positive identification and the retrieval of records.
ROUTINE USES: The information provided may be disclosed to state social services agencies for welfare benefit entitlement purposes; to Federal, state and local law enforcement agencies for suspected fraud and criminal investigation purposes; and to the Internal Revenue Service, state and local taxing authorities for tax purposes.
DISCLOSURE: Voluntary; however, failure to complete this form and provide all the necessary documentation requested will result in suspension or termination of FSPA Direct payments.

A.

FSPA RECIPIENT (Last, First MI)

SOCIAL SECURITY NUMBER (SSN)

RETIREE (Last, First MI)

SOCIAL SECURITY NUMBER (SSN)

B. I CERTIFY: (Check one)

____ That the court order, which supports the direct payment, has not been reversed, vacated, or modified as of the date of this certification.

____ That the court order, which supports the direct payment, has been reversed, vacated, or modified as of the date of this certification and a copy of the new court order is attached.

C. IS ANY PART OF THE FSPA PAYMENT FOR ALIMONY, SPOUSAL SUPPORT, MAINTENANCE, OR FAMILY SUPPORT (not including Property Division)?

☐ YES ☐ NO If yes, check one:

____ I have not remarried.

____ I have remarried and date of remarriage is _____

D. Is any part of the FSPA payment for Child Support? ☐ Yes ☐ No

If yes, are any of these children now ineligible due to death, adoption, or emancipation either by marriage or attained the age of majority?

☐ Yes ☐ No, if yes, please explain and provide name(s).

E. I UNDERSTAND THAT THE PENALTY FOR WILLFULLY MAKING A FALSE CLAIM IS A MAXIMUM FINE OF \$10,000 OR MAXIMUM IMPRISONMENT OF 5 YEARS, OR BOTH.

FSPA RECIPIENT'S SIGNATURE

DATE

(Mailing Address)

(City)

(State)

(Zip)

Phone Number